

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IN005951	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2016
NAME OF PROVIDER OR SUPPLIER ALERE WOMEN'S AND CHILDREN'S HEALTH LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6525 E 82ND ST STE 101 INDIANAPOLIS, IN 46250		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	<p>Initial Comments</p> <p>This is a State relicensure survey.</p> <p>Survey dates: January 11, 2015 to January 14, 2015</p> <p>Facility ID: 005951</p> <p>Provider #: 15K003</p> <p>Medicaid #: 100025130A</p> <p>Census: 119</p> <p>Record Reviewed: 14 Home Visits: 4</p> <p>Alere Women's and Children's Health, LLC was found to be in compliance with 410 IAC Article 17.</p> <p>QA: jlh 2/5/16</p>	N 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE